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The Hemlock Society: What We Are, What We Aren't, and Why

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THE HEMLOCK SOCIETY: WHAT WE ARE, WHAT WE AREN'T, AND WHY

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According to my count, the position favoring physician-aid-in-dying is outnumbered here eight to three. So, as the wrap-up speaker, I will try to summarize some of the arguments. I do want to note, however, that this eight to three ratio is the opposite of what we see in public opinion polls, which show at least 70% support for some form of legalization of physician aid in dying not only in the United States, but in Canada, Australia, and the United Kingdom. Surveys indicate that Americans favor the right by about three to one,[1] and this number is growing, I might add, as every survey comes in.[2]

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1 *See* Shannon Brownlee et al., *The Quality of Mercy Effective Pain Treatments Already Exist - Why Aren't Doctors Using Them?*, U.S. NEWS & WORLD R., Mar. 17, 1997, *available in* 1997 WL 8331740 (noting that majority of Americans support legalization of physician-assisted suicide); Ruth Coughlin, *Means to an End*, THE DETROIT NEWS, Mar. 24, 1997, at B1, *available in* 1997 WL 5581915 (pointing out that polls show seventy percent of Americans are in favor of physician-assisted suicide); Ezekiel Emanuel, *Whose Right to Die?*, THE ATLANTIC MONTHLY, Mar. 1, 1997, at 73, *available in* 1997 WL 10090558 (stating that polls show majority of Americans have supported physician-assisted suicide and euthanasia for almost 25 years); Elisabeth Rosenthal, *Life and Death Syracuse Doctor, Others Agonize Over Assisted Suicide*, SYRACUSE HERALD TRIB., Mar. 17, 1997, at A5, *available in* 1997 WL 5727658 (stating that surveys have shown majority of practicing doctors favor legalizing physician-assisted suicide). *But see Proposed Ban on Federal Funds for Assisted Suicides Fuel Debate*, SAN ANTONIO EXPRESS, Mar. 30, 1997, at 22A, *available in* 1997 WL 3166987 (reporting that Congress, Catholic Church, American Medical Association, National Right to Life Committee among other "powerful foes" do not support physician-assisted suicide).

2 *See* Douglas E. Beeman, *Majority in State Support Right to Die*, THE PRESS-ENTERPRISE (Riverside, Ca), Mar. 12, 1997, at A9, *available in* 1997 WL 6750547

I always have to dispel some myths about what people think the Hemlock Society is. You know that it is not an organization that saves trees. But it is also not an organization that favors suicide.[3] The Hemlock Society is a member of the thirty-four nation World Federation of Right to Die societies whose goal is to legalize physician aid in dying for terminally ill, mentally competent patients requesting such aid. Our name gives the organization that connotation. We do not favor suicide; when I talk about this, I will not be talking about suicide. The Hemlock Society and the courts have agreed on this: This is not an issue of suicide as defined by an emotional situation, in which a person might want to take their life, or as some people refer to suicide, as a permanent solution to a temporary problem.[4]

We are talking about people who want to hasten their inevitable death. And so, I will be referring to physician-aid- indying. The Hemlock Society refers depressed, suicidal and persons unaware of alternatives to appropriate organizations. When emotionally disturbed people call the Hemlock Society to get information, we do refer them to suicide centers. We do not distribute poisons. What we do is try to advocate the maximization of options for a good death.[5] In doing that, the end result

(reporting results of recent poll showing 83 percent of Californians support right of terminally ill patient to refuse life-prolonging treatment); Ronald Kotulak, *Medicine*, THE LAS VEGAS REV., Mar. 2, 1997, at 1E, *available in* 1997 WL 4538535 (reporting that there is overwhelming public and physician support of physician-assisted suicide); John Marelius, *"Right to Die" Issues Have Strong Support*, THE SAN DIEGO UNION - TRIB., Mar. 13, 1997, at A5, *available in* 1997 WL 6750547 (showing results from polls strongly supporting physician-assisted suicide by at least two-thirds).

3 *See* Coughlin, *supra* note 1, at B1 (discussing Derek Humphry, founder of Hemlock Society and beliefs in dignified dying); Mike Folks, *Man Seeking Suicide Help Dies at Home*, SUN-SENTINEL FT. LAUDERDALE, Jan. 4, 1996, at 1B, *available in* 1996 WL 2479334 (Hemlock Society of Florida was formed in 1994 to advocate laws allowing assisted suicide for terminally ill patients); Edwin A. Roberts, Jr., *Improving the Process of Dying*, THE TAMPA TRIB., Mar. 30, 1997, at 1, *available in* 1997 WL 7042597 (describing Hemlock Society and healthcare proxy to refuse extraordinary measures to keep alive).

4 *See* Bob Egelko, *Law Allowing Assisted Suicide is Tentatively OK'd on Appeal*, THE SAN DIEGO UNION-TRIB., Feb. 28, 1997, at A1, *available in* 1997 WL 3119511 (quoting Ms. Girsh as stating that legalized physician-assisted suicide will merely allow patients suffering agonizing and prolonged death to choose to die with dignity); Jeanne Malmgren, *Doctor: Right to Die Soon to be Common*, ST. PETERSBURG TIMES, Mar. 7, 1997, at 4B, *available in* 1997 WL 6185308 (describing Hemlock Society as national organization that "promotes self-deliverance" and supports legalization of physician-assisted suicide, but does not promote suicide for all terminally ill people); Sandy Shore, *Right to Die Emerges as Civil Rights Issue Ethics*, L.A. TIMES, Mar. 9, 1997, at A24 (describing Hemlock Society as nation's oldest and largest right-to-die organization, which believes in legalization of physician-assisted suicide for mentally competent persons who want to die).

5 *See Perspectives*, DENVER POST, Feb. 23, 1997, at F5, *available in* 1997 WL 6065450 (stating that Hemlock Society pushes for better pain control, earlier referrals to hospice

would be to reduce the number of cases for whom physician aid in dying would be a necessity.

In taking that position we very much applaud the initiative of the American Medical Association and I believe some 69 other organizations that have now decided that they are going to pay attention to how terminally ill people are treated in this country.[6] And as the last speaker said, that has a lot to do with the impetus given to this situation by right to die organizations all over the world.[7] The Hemlock Society is one of six organizations in this country that favor physician aid in dying.[8]

We support the American Medical Association's initiative and the other organizations' initiative in that we strongly believe that whatever options are legally available should definitely be expanded and enforced. That includes enforcing advanced directives. We were very shocked to see the results of the support study which indicated that advanced directives are most often ignored in dying patients.[9]

We strongly support the education of medical students so that future doctors will not only be involved in healing. They should

care and more realistic approaches to futile treatments, but when these are exhausted, is in favor of physician-assisted suicide as option to prevent dehumanization of terminally ill); Sandy Shore, *Right-To-Die Advocates Gain Momentum, Push for Law*, THE FORT-WORTH STAR TELEGRAM, Feb. 23, 1997, at 2 (reporting that Hemlock Society believes physician-assisted suicide should be legal for terminally ill, mentally competent patients who wish to die); Gloria Sunderman, *Physician's Aid to Dying Has Support*, THE OMAHA WORLD TRIB., Feb. 24, 1997, *available in* 1997 WL 6293540 (pointing out that Hemlock Society proposes physician-assisted suicide as easy, peaceful death for terminally ill patients who require such aid).

6 *See* Kotulak, *supra* note 2, at 1E (pointing out that American Medical Association hopes to launch nationwide program to educate physicians on how to talk to patients about death and plan for dying); Nancy Shute, *Death with More Dignity*, U.S. NEWS & WORLD R., Feb. 24, 1997 (stating that American Medical Association is among 72 organizations that have made nationwide effort to push for sweeping changes in care of dying); *Statement of the American Medical Association to the House Subcommittee on Health and Environment, House Committee on Commerce on Assisted Suicide: Legal, Medical, Ethical Social Issues*, Mar. 6, 1997 (statement of Lonnie R. Bristow, M.D.), *available in* 1997 WL 8221363 (noting that American Medical Association recognizes importance of care that "relieves pain, supports family and relationships, enhances functioning of, and respects spiritual needs and believes its primary focus should be how to provide quality care at the end of life").

7 *See* Clarke D. Forsythe, *The Incentives and Disincentives Created By Legalizing Physician-Assisted Suicide*, 12 ST. JOHN'S J. LEGAL COMMENT. 680 (1997).

8 The national organizations that favor physician-assisted suicide are: 1) The Hemlock Society; 2) Compassion in Dying; 3) Americans for Death With Dignity; 4) The Euthanasia Research & Guidance Organization; 5) Oregon Right to Die, and; 6) Death With Dignity National Center.

9 *See, e.g.*, Joan Teno *et al.*, *Do Formal Advance Directives Affect Resuscitation Decisions and Use of Resources for Seriously Ill Patients?*, 5 J. CLINICAL ETHICS 28 (1994).

understand that their patients will ultimately die; that death, as Cardinal Bernadin said, is not the enemy; and that doctors should not only be dealing with the healing process, but also with the dying process. We applaud the initiative to teach pain management and I will not even say better pain management; ever simple pain management which is rarely taught in medical schools.[10]

We applaud hospice. We always recommend hospice as the first alternative for dying patients.[11] Hospice is a special kind of care designed to provide comfort and support to patients and their families in the final stages of a terminal illness. Hospice care seeks to enable patients to carry on their remaining days in an alert and pain-free manner, with symptoms under control, so that those last days may be spent with dignity, at home or in a home-like setting, surrounded by people who love them.

We definitely applaud all of those initiatives and note that when they are implemented, physician aid in dying will be a last resort for very few people. There will be a small number of people, however, for whom physician aid in dying is the only option to end their suffering. More importantly, I think the issue has to do with patient autonomy. To put it very simply, this is a choice of a patient to decide whether he or she will want to endure the final days of life, given the suffering, the indignity and often the humiliation of the final days of life.[12]

10 *See* PAIN CONTROL INNOVATIONS ABOUND, BUT STILL NO VOICE OF AUTHORITY, REPORT ON MEDICAL GUIDELINES AND OUTCOMES RESEARCH, Apr. 3, 1997, *available in* 1997 WL 8623976 (discussing pain management as medical specialty that medical schools need to provide more training in); Julie Rovner, *Debate Over US Federal Funds for Physician-Assisted Suicide*, THE LANCET, Mar. 22, 1997, at 859, *available in* 1997 WL 9330283 (stating that Democrats believed that physicians were inadequately trained in palliative care and that medical schools should be required to offer pain management training); Tribune News Services, *House Committee Votes to Block US Funds for Assisted Suicide*, CHI. TRIB., Mar. 21, 1997, at 25, *available in* 1997 WL 3531056 (reporting that Republicans agreed with Democrats to allow existing federal research grant program to fund research into pain management).

11 *See Comment: Merian's Friends: It Is Your Life and Your Death*, THE DETROIT NEWS, Mar. 30, 1997, at B7, *available in* 1997 WL 5582238 (quoting The Hemlock Society, USA Executive Director and Founder Derek Humphry, as stating that Hemlock Society exists for those who do not want hospice care and Hemlock Society supports those that do prefer hospice); *Perspectives*, *supra* note 7, at F5 (noting that Hemlock Society pushes for referrals to hospice care); Tracy L. Pipp, *The Final Gift: Dying Patients Afford Loved Ones a Chance to Grieve and Learn By Facing the End Together*, THE DETROIT NEWS, Feb. 3, 1997, at B1, *available in* 1997 WL 5577275 (pointing out that Hemlock Society supports hospice as they provide best pain relief and support but believes in options, as hospice is not for all terminally ill patients).

12 *See* Jay Branegan & Barbara Smit, *I Want to Draw the Line Myself*, TIME

This issue is not going away because of the way people are dying in all first world countries. This is an international issue. It is an issue in Europe.[13] It is an issue in Australia.[14] It is an issue in Japan.[15] It is an issue in any country in which the population is increasingly aging and dying of chronic long term diseases, which produce an often difficult, prolonged death.[16]

People are concerned about losing control at the end of life, that they will not have a say in how they die or what kind of choices they make, and that they will change from the kind of persons that they wanted to be to the kinds of persons they no

MAGAZINE, Mar. 17, 1997, at 30 (pointing out that main concern of dying patients is loss of their dignity); Coughlin, *supra* note 1, at B1 (discussing Hemlock Society Executive Director and Founder Derek Humphry and his views on dying with dignity); Richard Hull, *Pain Relief for the Dying Doesn't Remove All the Reasons for PAS*, BUFFALO NEWS, Mar. 9 1997, at H2, *available in* 1997 WL 6422824 (noting that pain is not only reason people want physician-assisted suicide, they also seek to maintain dignity).

13 *See* Branegan & Smit, *supra* note 12, at 30 (stating that physician- assisted suicide remains taboo subject in much of Europe, but has been openly debated and researched in Holland for more than twenty years); Mike Corder, *Dutch Doctor Charged with Murder in Patient's Suicide*, THE ASSOC. PRESS, Mar. 25, 1997, *available in* 1997 WL 4859081 (discussing liberal physician-assisted suicide policy in Netherlands); Tony Snow, *Once Life Loses Sacredness, Anyone and Everyone is Between Crosshairs*, SUN-SENTINEL (Ft. Lauderdale), Mar. 29, 1997, at 19A, *available in* 1997 WL 3096289 (pointing out that physician- assisted suicide is condoned in Netherlands).

14 *See* Seth Mydans, *Australia Ponders its Law Permitting Doctor Aided Health*, AUSTIN AMERICAN-STATESMAN, Feb. 2, 1997, at A9, *available in* 1997 WL 2811516 (addressing Australian Parliament's concern over its voluntary euthanasia statute); *Survey of Approval of Australia's Northern Territory Rights of the Terminally Ill Act (1995)*, THE LANCET, Feb. 22, 1997, at 577, *available in* 1997 WL 9330051 (discussing Australia as only country in world to legalize voluntary euthanasia); Karene Witcher, *A Slow Death: Australian Euthanasia Law Lingers as Battle is Waged*, ASIAN WALL ST. J., Jan. 23, 1997, at 1, *available in* 1997 WL-WSJA 3795489 (stating that there are good chances that Australia's federal government will adopt legislation to overturn its voluntary euthanasia statute).

15 *See* Associated Press, *Japanese Doctor Gave Lethal Drug to Patient Not Asked if He Wanted to Die*, THE ARIZONA REPUBLIC, June 8, 1996, at A24, *available in* 1996 WL 7713482 (pointing out that Japan made it legal to help terminally ill patients end their lives if the patients are in extreme pain and near death and clearly express desire to die); Caryn Coatney, *Australia Delivers World's First Dose of Legal Euthanasia*, CHRISTIAN SCIENCE MONITOR, Jan. 8, 1997, at 1, *available in* 1997 WL 2798532 (noting that physician-assisted suicide is issue in Japan, where it has garnered overwhelming support); *Doctor Spurs Debate on Mercy Killing*, THE NEWS & OBSERVER (Raleigh), June 8, 1996, at A11, *available in* 1996 WL 2882581 (discussing Japanese Doctor's admission to giving fatal drug dose resulting in fierce debate over physician-assisted suicide).

16 *See Life and Death with Dignity*, BANGOR DAILY NEWS, Jan. 15, 1997, *available in* 1997 WL 4756096 (describing fear of prolonged pain, loss of dignity and the emotional strain on family members as reasons for physician- assisted suicide issue); Peggy Rogers, *Shielding of the Dying from Their Diagnoses Causes Medical Dilemma*, THE LAS VEGAS REVIEW, Mar. 20, 1997, at 4E, *available in* 1997 WL 4539871 (discussing patients' wishes to avoid "painful and prolonged death" through physician-assisted suicide); Dennis Vacco, *A Thorough Look at Control of Pain Can Help Ease New Yorkers on Way to Death*, BUFFALO NEWS, Feb. 16, 1997, *available in* 1997 WL 6418799 (noting that those favoring option of physician-assisted suicide fear prolonged and painful death).

longer want to be as a result of the dying process, over which they cannot exert control and cannot bring to an end.[17]

During the course of my sitting here, I have talked to several people who have had relatives who died that way, in a condition they never wanted to be and from which they wanted out. It is for these people that physician aid in dying is a necessity.

We think of the death of Jacqueline Kennedy Onassis as this kind of death, if we think we know how she died, a negotiated death which many people would like to have. That is, a death in which she apparently checked herself out of a hospital, gathered her loved ones around, had last rites, said her good-byes and had the help of a compassionate physician to help her die.[18] I suspect there is nothing new about this; it has been going on since the first doctor and the first dying patient. For thousands of years doctors have seen the necessity of helping people die and have responded.

We believe that physician aid in dying should be part of the continuum of care. When a patient is sick, the doctor and the patient discuss all the treatment possibilities. When treatment is no longer an option, because the patient no longer wants it, or there is no treatment, then the whole spectrum of possibilities for the end of life are discussed. To discuss aid- in-dying as a possibility seems to be a legitimate part of the kind of discussion that patients and doctors should have.

What struck me about the dialogue today is how many issues were brought up that refer not to physician aid in dying neces-

17 *See* Gloria Shur Bilchik, *Dollars and Death*, HOSPITALS AND HEALTH NETWORKS, Dec. 20, 1996, at 18, *available in* 1996 WL 8850308 (pointing out that dying patients were most concerned with loss of control, loss of dignity, being burdensome, being dependent, and pain and suffering); Editorial, *Death, Dignity and Justice*, L.A. DAILY NEWS, Feb. 2, 1997, at N10, *available in* 1997 WL 4031669 (discussing strong desire of helpless, terminally ill patients to have option of physician-assisted suicide); Robert A. Free et al., *Terminal Patients Turn to Family When Living Becomes Unbearable*, THE SEATTLE TIMES, Jan. 12, 1997, at B5, *available in* 1997 WL 3214595 (noting that patients and families are deeply concerned over loss of dignity and loss of control over their own lives and inability to legally end suffering).

18 *See* Karen Brandon, *Oregon to Vote on Suicide By Prescription "Death with Dignity" Measure Has Strict Limits*, CHICAGO TRIB., Nov. 6, 1994, at 23, *available in* 1994 WL 6542163 (noting that patients want option to give their physicians directions on how to administer healthcare near end of their lives, as Jacqueline Kennedy did); Jane Eisner, *Wrestling with Death's Dilemmas*, DENVER POST, Dec. 15, 1996, at E3, *available in* 1996 WL 12638977 (describing Jacqueline Kennedy's death as dignified death that people idealize); Michael C. Kearl, *Dying Well: The Unspoken Dimension of Aging Well*, AMERICAN BEHAVIORAL SCIENTIST, Jan. 1, 1996, at 336, *available in* 1996 WL 12941053 (pointing out that Jacqueline Kennedy rejected medical treatment that could have prolonged her life).

sarily, but to the general issue of refusal of treatment. I recall back in 1976 when California was the first state to pass a living will law[19] and then again in 1983 when California was the first state to pass a law permitting a Durable Power of Attorney for Health Care,[20] that the list of catastrophies about what would happen was paraded through the legislature and the same arguments were made: The patients who were vulnerable would be coerced into refusing treatment; the medical system is inequitable and that people who could not afford it would say they want to refuse treatment;[21] people with disabilities would be urged to refuse treatment;[22] the doctor's role would be impaired because people would lose trust in any doctor that refused to treat them, or that agreed to refuse to treat them.[23] That, as Dr. Bristow

19 *See* CAL. HEALTH & SAFETY CODE § 7185 (West 1997) (providing for availability of living wills); *see also* Leigh Fenly, *A "Right-to-Die," Should Patients Control Their Treatment?*, THE SAN DIEGO UNION-TRIB., Dec. 11, 1983, at D1, *available in* 1983 WL 2007731 (describing California's Living Will law enacted in 1977 for the terminally ill); Leonard Novarro, *The Right-to-Die*, THE SAN DIEGO UNION-TRIB., May 17, 1984, at D1, *available in* 1984 WL 2294629 (discussing California's Natural Death Act of 1977 permitting living wills); Alan Otten, *Debate Over Dying*, WALL ST. J., May 3, 1984, *available in* 1984 WL-WSJ 222672 (pointing out that California was first to pass living will law in 1976).

20 *See* CAL. PROB. CODE § 4771 (West 1997) (allowing for durable power of attorney); *see also* Allan Parachini, *Health Letting Go Expert Say Surge in "Do Not Resuscitate" Orders Reflects Shift in Public's Attitude Toward Dying*, L.A. TIMES, Jan. 31, 1989, at 1, *available in* 1989 WL 2355242 (describing durable power of attorney allowing another to make health decisions for patient); *see generally Ethical Considerations in Resuscitation*, J. AM. MED. ASS'N, Oct. 28, 1992 at 2282 *available in* 1989 WL 11638211 (discussing durable power of attorney).

21 *See Deadly Delay in Lansing Legislature Should Return to Task of Barring Assisted Suicide*, THE GRAND RAPIDS PRESS, Nov. 22, 1996, at A10, *available in* 1996 WL 14279396 (pointing out that legalized physician-assisted suicide can have negative effects, such as coercion); Amy Goldstein, *A Debate About Life and Death Court Sharpens Focus on Doctors' Quandary*, THE NEWS & OBSERVER (Raleigh), Apr. 7, 1996, at A21, *available in* 1996 WL 2874157 (stating that "coercive pressures" will be applied to poorest patients who cannot afford good care); Joanne Kenen Reuter, *House Bans Assisted-Suicide Funds Overwhelming Vote Largely Symbolic, But Court Eyes Legalization*, ROCKY MOUNTAIN NEWS, Apr. 11, 1997, at 56A, *available in* 1997 WL 6830399 (discussing arguments against physician-assisted suicide, such as coercion).

22 *See* Jan Crawford Greenburg, *Affirm Life, Not Suicide, Bernardin Tells Justices*, CHICAGO TRIB., Nov. 12, 1996, at 1, *available in* 1996 WL 2728237 (asserting that "recognizing a right to die would 'pollute the relationship' between healthcare providers and . . . patients with disabilities"); Evan J. Kemp, Jr., *Could You Please Die Now? Disabled People Like Me Have Good Reason to Fear the Push for Assisted Suicide*, WASH. POST, Jan. 5, 1997, at C1, *available in* 1997 WL 2244653 (reporting that disabled people fear pressure to choose physician-assisted suicide, as they have been urged to sign "Do Not Resuscitate" orders); Laurie Winslow & Dana Sterling, *Right-to-Die Argument Intensifies*, TULSA WORLD, Jan. 9, 1997, at A1, *available in* 1997 WL 3621165 (pointing out that those opposed to physician-assisted suicide fear that disabled persons will not make their own decisions).

23 *See* Steve Adubato, Jr., *Quinlan Doctor's Viewpoint on Legalizing Assisted Suicide*, THE RECORD, Feb. 9, 1997, at O4, *available in* 1997 WL 6873384 (pointing out that legalization of physician-assisted suicide would "undermine the trust built between doctor and

said, when a person wants to refuse treatment there would be a definable cause which can be addressed.[24]

We do not have mental health professionals interviewing people who want to refuse treatment. They can refuse treatment or have it withdrawn, including food and hydration and it is acceptable. There is no presumption that they are depressed or that anything is wrong with them psychologically.

The nay-sayers also said the right to refuse treatment would be fraught with abuse. We have had this option for over twenty years in this country.[25] It is not fraught with abuse, despite the fact that it has the potential to be abused than physician- aid-in-dying, which we feel can be carefully regulated and certainly, if it is not legalized, would lead to infinitely more abuses than if it is legalized.

We already know that some 53 percent of doctors in some places, San Francisco is the latest study, help people with AIDS end their suffering.[26] Studies show that 16 percent of oncologists help people suffering with cancer die.[27] We have no way of monitoring this. We do not know what the condition of the people were; we do not know there were no second opinions and no mental health evaluations.

There is no oversight of the practice now. Jury nullification is common when a doctor comes to trial, and therefore no doctor has ever been successfully prosecuted for helping a patient die in

patient"); Robert T. Mitchell, M.D., *Doctor's Who Tread a Fine Line in Medical Ethics*, THE TENNESSEAN, Jan. 27, 1997, at 11A, *available in* 1997 WL 7396445 (asserting that patients won't be able to trust doctors that "have the knowledge and right to determine" who will receive physician-assisted suicide); David Reinhard, *Medical Care to Die for*, PORTLAND OREGONIAN, Oct. 30, 1997, at B10, *available in* 1997 WL 13133169 (stating that recent studies show that patients would "lose trust of doctors who even mentioned assisted suicide as option, much less practiced it").

24 *See* Lonnie R. Bristow, *Physician's Role as Healer: American Medical Association's Opposition to Physician Assisted Suicide*, 12 ST. JOHN'S J. LEGAL COMMENT. 653 (1997).

25 *See Death with Dignity: A Long Ancestry*, PORTLAND OREGONIAN, Oct. 12, 1997, at B2, *available in* 1997 WL 13129521 (pointing out that New Jersey Supreme Court ruled in 1976 that hospital patient Karen Ann Quinlan had right to refuse life sustaining treatment through instructions to family); Richard M. Sobel & A. Joseph Layon, *PAS: Compassionate Care or Brave New World?*, ARCHIVES OF INTERNAL MED., Aug. 11, 1997, at 1638, *available in* 1997 WL 9885505 (noting that 1976 case of Karen Ann Quinlan established patient's right to refuse treatment in U.S.). *See generally In re* Quinlan, 355 A.2d 647, 671-72 (1976) (permitting patient right to refuse life sustaining treatment).

26 *See* L.R. Slome, et. al, *Physician-Assisted Suicide and Patients with Human Immunodefiency Virus Disease*, 336 NEW ENG. J. MED. 417-21 (1997).

27 *See* Ezekiel Emmanuel, et. al, *Euthanasia and Physician-Assisted Suicide: Attitudes and Experiences of Oncology Patients, Oncologists, and the Public*, 347 LANCET 1805, 1805-10 (1996).

this country. If we do not legalize this, there will be more recourse to methods of self deliverance, the kind of methods that Rita Marker talked about.[28]

If this is what we want to see, more guns used, more plastic bags, more pills that may or may not work, then this is what we will have. It is more humane, more dignified, more above board and more in keeping with the kind of choice we believe in in America for this practice to be legalized, monitored and safeguarded.

Finally, if you are in the situation of being terminally ill, suffering, or it's your loved one, I ask: Whose life it is anyway? What choice would you want to make?

Thank you.

28 *See* Rita Marker, *Assisted Suicide: Legal, Medical & Ethical Considerations for the Future*, 12 ST. JOHN'S J. LEGAL COMMENT. 670 (1997).